

REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE

(Summary Page)

1. NAME OF COMMITTEE (in full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXPENDITURES		RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM 2000 FEB 07 08:20 12: 14
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 320 FIRST STREET, S.E.	2. FEC IDENTIFICATION NUM 660075820 12: 14	
CITY, STATE and ZIP CODE WASHINGTON, D.C. 20003		3. <input checked="" type="checkbox"/> This committee qualifies as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a)

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

Monthly Report Due On:

☐

Feb 20

☐

March 20

☐

April 20

☐

May 20

☐

June 20

☐

July 20

☒

Aug 20

☐

Sept 20

☐

October 20

☐

November 20

☐

December 20

☐

January 31

☐

Twelfth day report preceding

(Type Of Election)

election on

In the state of

☐ Termination Report

☐

Thirtieth day report following the General Election on

in the State of

(b) Is this Report an Amendment?

☒ Yes

☐ NO

SUMMARY

5	Covering Period <u>7-1-99</u> through <u>7-31-99</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6	(a) Cash on Hand January 1, 1999		\$537,905.32
	(b) Cash on Hand at Beginning of Reporting Period..	\$1,082,403.35	
	(c) Total Receipts (from Line 19).....	\$1,925,497.07	\$20,976,372.37
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$3,007,900.42	\$21,514,277.69
7	Total Disbursements (from Line 30).....	\$2,253,779.90	\$20,760,157.17
8	Cash on Hand at Close of Reporting Period (line 7 fm Line 6(d))	\$754,120.52	\$754,120.52
9	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$0.00	For further information contact Federal Election Commission 999 E. Street, NW Washington, D.C. 20463 Toll Free 800-424-9530 Local 202-219-3420
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	\$0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DONNA M. ANDERSON

Signature of Treasurer

Donna M. Anderson

Date

1/31/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. Sec. 4

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FEC FORM 3X

(revised 8/93)